

**In Opposition of HB-5531, An Act Concerning the Care and Treatment of Persons
with Mental Illness or Substance Use Disorders**

Good morning Senator Coleman, Representative Tong, and members of the Judiciary Committee. Thank you for the opportunity to testify on HB-5531, which again brings to the table the possibility of Involuntary Outpatient Commitment in our state. My name is Vered Brandman, and I'm what "Crazy" looks like – I'm Rocking Recovery.

I'm a resident of Norwalk, where I've been living for 13 years and voting for 7. I have a current diagnosis of Major Depression with PTSD, the low points of which are weeks at a time of wanting to die and keeping it a secret, and an Eating Disorder, the lowest point of which was when I weighted 82 lbs last winter. I'm happy to say that I haven't wanted to die in several months, and I've rediscovered that food is delicious and I love it.

Every time I have gotten treatment, it was voluntary—it has always been my choice, and that has made all the difference. I have been in recovery since 2007, though I've had symptoms since 1994, and it's been an uphill struggle with plenty of detours into what I call being "actively sick." I have fought for every inch of my recovery, and for appropriate care from my psychiatrists, therapists, and in-patient staff when I've been in the hospital. I have fought for every inch of my recovery journey, which is what makes it mine. If at any point I had been forced into treatment or forced to comply with treatment, I would not have been personally invested in making treatment work for me. I have heard from too many of my peers who were forced into treatment when they were not ready, and thus the treatment had little effect for them. I've also heard from too many peers whose psychiatrists and therapists were not responsive to their needs and thus my friends were resistant to any treatment. Even when treatment is voluntary, the odds can often be

stacked against us—against recovery. As an example, last winter my then-psychiatrist looked at my chart and told me, during our first and only session, that the reason I was sick was that I had four diagnoses on my chart and no meds. It was that simple to him. One of those four diagnoses was new and I hadn't had a chance to discuss it—much less understand it—with anyone yet. Incidentally, that one diagnosis—an eating disorder—is not one that can be medicated. In five minutes, my psychiatrist set up the dynamic of our relationship: confrontation, not connection. I was a voluntary client that winter, as I always have been, and my psychiatrist still managed to alienate me. Luckily, I had the option of asking for someone else, and I did—so I didn't have to choose between going without care or working against my psychiatrist. By contrast, a court order to treatment, whether through Involuntary Outpatient Commitment or some other already-on-the-books measure, sets up the relationship between patients and providers as Coercion in place of Connection. This dynamic sets the stage for resistance to treatment, less help-seeking behaviors, and more emergency room visits—because treatment is no longer about connection, support, and growth—it becomes a battle between my will as a person and “their” unquestioned authority as psychiatrists. This is how you lose us, every day. If I can't say “No,” my “Yes” is meaningless.

I understand that this measure has been sold to you as a way to get non-compliant patients to comply with treatment, but there are a few things I feel you should know. First, treatment doesn't always work, and that's a big part of why many of us are apprehensive or even resistant to the idea of treatment, in particular medications. The medical-model's best-bet for psychiatric patients is a shot in the dark: medications and therapy styles are not a one-size-fits-all, even for people with the same diagnosis, and that

means when we commit ourselves to recovery, we're committing to the long haul—the first step of which is figuring out what works for us and what compromises we are willing to make—compromises like tardiv dyskensia, which is incurable.

Second, forced compliance does not promote voluntary compliance. If I know there is a judge or doctor out there making sure I'm taking my meds—or else I get pulled out of my community and involuntarily committed to the hospital—I'm going to stop taking my meds as soon as I know I'm off their radar, because they just lost my trust. To me, they are a totalitarian parent who thinks they know better than I do—and I'll be damned if I'm going to do what they want. They just lost me to a year or better of revolving-door emergency room visits, because I don't trust the entire medical model anymore, and I won't go for any treatment unless it's a life-or-death crisis.

I urge you to resist the allure of IOC—it may sound like a reasonable way to deal with unreasonable patients, but the reality is this measure promotes mistrust of the treatment system. This is how you lose us. Please let recovery be a choice we can make for ourselves. Thank you for this opportunity to speak on this important matter.